

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Room 450

Area Code/Phone Number

(916) 324-4695

E-mail

Agency Contact (name and title)

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: 9/13/11

(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

California Health Benefit Exchange

Name

Address

City

State

Zip Code

Independent State Board

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$ _____

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Baltimore, MD

9/6/11-9/9/11

Date(s) of Travel

\$ 1,083.88 ✓

Transportation Expenses

\$ 498.96 ✓

Lodging Expenses

\$ 98.00 ✓

Meal Expenses

\$ _____

Other Expenses

\$ 1,680.84 ✓

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

National Centers for Medicare and Medicaid Services (CMS) Conference on Eligibility and Enrollment for Children's Health Insurance Programs and Medicaid Programs.

Identify the officials for whom the payment was used:

Sanchez

Last Name

Ernesto A.

First Name

Deputy Director

Title

Eligibility & Enrollment

Department/Division

Last Name

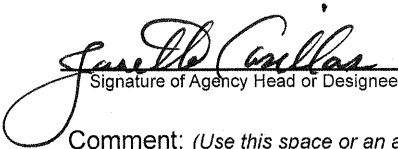
First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Signature of Agency Head or Designee

Janette Lopez
Print Name

Executive Director
Title

9/13/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)